

1644



PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RECEIVED
DEC 04 2002

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	09/643,277	
	Filing Dat	08/22/2000	
	First Named Inventor	Nelson, M. Bud	
	Group Art Unit	1644	
	Examiner Name	Saunders, David A.	
Total Number of Pages in This Submission	11	Attorney Docket Number	26983-50(new)B-28(old)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Post Card
Remarks Reply = Response to Office Action		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	W. Scott Harders Benesch, Friedlander, Coplan & Aronoff, LLP
Signature	
Date	11/25/2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11/25/2002			
Typed or printed name	Marie Sinkfield		
Signature		Date	11/25/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



9/A

RECEIVED

DEC 04 2002

TECH CENTER 1600/2900

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Nelson

Examiner: Saunders, D. A.

Serial No.: 09/643,277

Art Unit: 1644

Filing Date: August 22, 2000

Title: **COMPOSITIONS, ASSAY KITS AND METHODS FOR USE
RELATED TO A DISEASE CONDITION COMPRISING MULTIPLE
SCLEROSIS AND/OR A PRO-MS IMMUNE RESPONSE**

Docket No.: B-28 (26983-50)

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT A AND RESPONSE TO OFFICE ACTION

Dear Sir:

This is in response to the Office Action dated August 26, 2002, issued in connection with the above-referenced application. The Office Action set a three-month statutory period to respond. Accordingly, this response is timely filed.

Please amend the subject application as follows: